### STATE TRAUMA ADVISORY BOARD **MINUTES**

# November 2, 2006 150 North 18<sup>th</sup> Avenue, Conference Room 540-A

<b>Members Present:</b>		Members Absent:
Ben Bobrow (Chairman)	Victor McCraw	Mark Venuti
Roy Ryals	Philip Johnson	Jim Flaherty
Stewart Hamilton	Stuart Alt	Debbie Johnston
Michele Ziemba	Charles Allen	Kelly Silberschlag
Scott Petersen	John Porter	Anslem Roanhorse
Bill Ashland	Jeff Farkas	Robert Galey
		Ritch Steven

#### I. CALL TO ORDER

Bentley Bobrow, Chairman, called the regular meeting of the State Trauma Advisory Board to order at 10:25 a.m. A quorum was present. Jim Flaherty and Kelly Silberschlag were initially present by conference call; however, due to phone line difficulties, were disconnected and unable to be reconnected.

#### II. **DISCUSSION** and Action on April 20, 2006 Minutes

A motion was made by Stuart Alt and seconded by Stewart Hamilton to approve the minutes of April 20, 2006. Motion carried.

#### III. **REPORTS:**

#### **Report from the Office of the Director** A.

- Discussion on Status of Bureau of Emergency Medical Services, Public Health Preparedness Services, Division of Public Health Services, and Department of Health Services
  - Will Humble addressed the Board:
    - o Since there is now a functional trauma registry, we can begin to analyze the data - develop focused reports using the data
    - o We can work with AHCCCS and the Governor's Office of Highway Safety to collaborate different types of reports with them
- Introduction of New Bureau Chief 2.
  - Will Humble, Deputy Assistant Director introduced Terry Mullins the Bureau's new chief.
- Update on Hospital Overcrowding and Diversion Workgroups 3.
  - The Director's Steering Committee is meeting today at 2:00 p.m.
  - The Education Subcommittee is focusing on providing public service announcements and media releases regarding flu vaccinations and where to seek medical care
  - The core reason for hospital overcrowding is people going to the emergency department rather than going to an urgent care or a doctor's office
  - Overall there has been a fair amount of progress made towards the hospital diversion issue.

#### **Report from Acting Bureau Chief:** B.

- 1. Bureau Name Change
  - The Bureau of Emergency Medical Services has changed its name to the Bureau of Emergency Medical Services and Trauma System
- 2. Deputy Bureau Chief
  - Terry Mullins, Bureau Chief reported that Ed Armijo has been promoted to Deputy Bureau Chief
- 3. Bureau Biostatistician
  - The Bureau is currently working on filling the Biostatistician position. This position will evaluate and analyze the data, develop reports
- 4. Report on Regional Leadership Meeting Data Focus
  - Clay Mann was the keynote speaker at the Data Leadership Conference on October 27, 2006
    - He focused on the importance of collecting uniform data across the regions
    - The goal was to provide us with a set of recommendations to assist the bureau in moving forward with data collection initiatives including mirroring the National Trauma Data Base data elements.
- 5. 2006-2010 Injury Prevention Plan
  - Copies of the new plan are available

## C. Report from the Chairman

- 1. Introduction of new STAB Member
  - Ben Bobrow introduced Victor McGraw who is replacing Rich Thacher from the Arizona Department of Public Safety
  - David Leinenveber has resigned so there is a vacancy in the position of Representative from a Fire Department in a County with a population over 500,000. We have contacted the Arizona Fire Chief's Association and asked for their recommendation.
- 2. Introduction of EMS Fellow Sara Shimmin
  - Sara was not able to attend this meeting

## D. Report from the Bureau of Public Health Statistics, Office of Health Registries:

- 1. Update on State Trauma Registry/TRUG Meeting Anita Ray
  - We are happy to report that the Trauma Registry Phase I and Phase II data standardization project has been completed and initial trauma data reports are included in today's packets. The standardization project consisted of mapping data from nine hospitals for all State required elements and then converting the data to a standard format. Prior to this time, hospitals were collecting trauma data in very different formats, making it almost impossible to compare the data at a statewide level.
  - The converted data were imported into a new Trauma One database here at ADHS and all reporting facilities have been provided with updated registry systems.
  - We are continuing to run checks on the system and the data, and have emailed both vendors with more corrections. For example, there is a problem with the reporting of E-codes that is being addressed. The numbers in the reports presented today may change as we work further to clean up the data.

- From running the reports so far, we can tell there are some data entry issues to be addressed. Data audit filters will need to be determined to assess the data as it is coming in.
- The Arizona State Trauma Registry Users Group (TRUG) currently has 11 reporting hospitals. 7 of these facilities are designated as Level I trauma centers. 5 of the 11 reporting hospitals have submitted their second quarter data, which was due October 1<sup>st</sup>. Sierra Vista Regional Medical Center and the new Yavapai Regional Medical Center East have also expressed an interest in reporting to the registry. The next meeting of TRUG will be held November 14, 2006.

### IV. ARIZONA DEPARTMENT OF HEALTH SERVICES ITEMS

- A. 2005 Statewide EMS & Trauma System Assessment
  - The Assessment was distributed at the meeting and will be available on the Bureau's website.
  - There is a great deal of valuable information in the Assessment to help the Bureau move forward.
  - There were numerous questions and responses that were incapable of being compiled and analyzed.

Item: 2005 Statewide EMS & Trauma System Assessment

Follow Up: Post on the Bureau's website

When: ASAP Who: Jack Steele

- B. Rulemaking priorities and establishing work group
  - 1. Trauma Registry
  - 2. PI/QA
  - 3. Trauma Transport Protocols & Interfacility Guidelines
  - 4. Trauma Patient Registry Inclusion Definition
  - 5. Field Triage Decision Standard
    - Vicki Conditt asked the Board to identify what types of things they want to see in rule. If it is in rule, it is enforceable. There is no list of criteria currently in rule for trauma. We need to establish a rulemaking workgroup.
    - A motion was made by John Porter and seconded by Stuart Alt that we
      make rules only for the trauma registry and rules for the trauma patient
      registry inclusion definition and that we set up a workgroup to define
      those rules. Motion carried.
      - o It was clarified that this would also include submission deadlines, guidelines and criteria.
      - o A question was asked whether rules will define penalties
      - The trauma registry data elements will be included in the trauma rulemaking.
      - Vicki Conditt stated that she will send out an e-mail to all the members of STAB asking them to recommend individuals for the workgroup. The workgroup does not need to consist of STAB members.

Item: Rulemaking workgroup

Follow Up: E-mail STAB Members to get recommendations When: Before the next meeting on January 18, 2007

**Who:** Donna Meyer

• Michelle Ziemba and John Porter volunteered to be on the workgroup

- C. 2006 STAB Annual Report to the Director
  - A motion was made by Stuart Alt and seconded by John Porter to approve the 2006 STAB Annual Report for submission to the Director. **Motion carried**.
- D. Statement of Compliance Forms
  - A revised Statement of Compliance (Confidentiality) form was handed out to members for signature
- E. Inter-rater Reliability Test
  - The same chart would have to be distributed to everybody in order to get a good assessment
  - Georgia Yee recommended working with some experts to put this together
  - Ben Bobrow recommended asking Clay Mann to assist
  - Roy Ryals recommended using an internet training platform

**Item:** Inter-rate Reliability Test

Follow Up: Staff to develop something to send out to each reporting hospital

When: Before the next meeting on January 18, 2007 Who: Ben Bobrow, Terry Mullins, Georgia Yee

### V. <u>DISCUSSION AND ACTION ITEMS:</u>

- A. Report from AZTQ
  - 1. Standard trauma registry report and other reports
    - A motion was made by John Porter and seconded by Stuart Alt to accept the Standard Public Report as recommended by the AZTQ Task Force and AZTQ. **Motion carried**.
    - Discussion ensued regarding how to utilize the state data for research purposes. There was a ruling from the attorneys that confidential data from the registry could not be released - even for research purposes unless a statutory change is made.
    - Vicki Conditt stated she would contact the American College of Surgeons (ACS) to see how they handle this with the National Trauma Data Bank and report back to STAB.

Item: Standard trauma registry report and other reports

Follow Up: Check with ACS and report back to STAB When: Before the next meeting on January 18, 2007

Who: Vicki Conditt

• Marcia Barry recommended asking the attorneys which data elements are considered identifiable.

- 2. Abbreviated list of data elements for Level IV's
  - A motion was made by John Porter and seconded by Stuart Alt to approve the data elements recommended by AZTQ for the level IV trauma centers.
     Motion carried.
- 3. Performance Indicators
  - A motion was made by John Porter and seconded by Stuart Alt to approve these four indicators to review system performance:
    - -Patients transferred from one facility to another after 6 hours
    - -Patients transferred with open fractures (injury to wash out >8 hours)
    - -Patients transferred to more than one facility
    - -Patients who die in non-level one centers after 24 hours or longer stay
  - Following discussion, Scott Petersen recommended adding use of paralytic and intubated (prehospital) as an indicator for purposes of evaluating the use of Rapid Sequence Intubation in Arizona.
  - John Porter amended the motion to add use of paralytic and prehospital intubation as an indicator. Stuart Alt accepted the amendment. The committee unanimously agreed. <u>Motion carried</u>.
- 4. Trauma Registry Inclusion Criteria
  - This item was tabled to the next meeting.

**Item:** Trauma Registry Inclusion Criteria

Follow Up: Place on Next Agenda

When: Next meeting is on January 18, 2007

**Who:** Donna Meyer

- 5. AAAM/AIS Code and ICD-9-CM Code State Required Data Elements
  - This item was tabled to the next meeting.

Item: AAAM/AIS Code and ICD-9-CM Code State Required Data Elements

Follow Up: Place on Next Agenda

When: Next meeting on January 18, 2007

Who: Donna Meyer

- 6. Approval of Amendment to AZTQ Bylaws
  - A motion was made by John Porter and seconded by Stuart Alt to
    officially add Richard Porter as an epidemiologist to the AZTQ
    membership list and accept the amended bylaws. <u>Motion carried</u>.
- \* B. Review trauma registry data/reports
  - Anita Ray explained the format of the data and some of the terms used
  - Will Humble requested that this be placed on the website

Item: Arizona State Trauma Registry 2005 Trauma Data

Follow Up: Post on the Bureau's website

When: ASAP Who: Jack Steele

- C. Report from STAB Executive Committee Dr. Petersen ACS System Consultative Visit Scheduled for 6/26 29/07: Task Force, Identification of key partners in consultation process
  - Scott Petersen reported that the STAB Executive Committee met on August 11, 2006. The Committee discussed having the ACS come here and analyze the state trauma system. He stated that he supports the ACS Consultative Visit.
  - A motion was made by Scott Petersen and seconded by Stuart Alt that the Bureau bring in the ACS and have a trauma system consultative visit for our state and proceed to set up a task force to help with the Preview Review Questionnaire (PRQ). **Motion carried**.

**Item:** ACS Consultative Visit

Follow Up: Set up task force

When: Before the next meeting on January 18, 2007

Who: Vicki Conditt

- Scott Petersen recommended quickly starting to work on what our constituency is going to look like and who should be involved - Dividing the PRQ by sections to get it written and submitted.
- Discussion ensued regarding the ACS Visit
  - o The cost for the ACS Visit should run between \$40,000 \$50,000
  - o The Bureau does have the money in the budget for the visit
  - o ACS will come and look at the statewide system
  - o ACS will provide a written evaluation
  - o The visit needs to be done in this fiscal year
- D. Participation in Level IV site surveys
  - Vicki Conditt stated that the Bureau will be establishing a pool of trauma doctors, trauma managers/coordinators to assist us with the Level IV site surveys. These individuals have the expertise to look at the facility from the clinical side and staff can focus on the administrative side. This is not restricted to STAB members. There is a restriction that the participants cannot review a facility in his/her particular region due to conflict of interest.

**Item:** Participation in Level IV Site Survey

Follow Up: Develop a pool of trauma doctors, trauma managers and coordinators

When: Before the next meeting on January 18, 2007

Who: Vicki Conditt

- E. State designation scoring tools
  - Distributed a draft tool that will be used for designation site surveys

- The scoring tools list all the requirements for each level
- The Bureau will use the level IV scoring tool for the Level IV site surveys
- ACS will be using the tool for Levels I, II, and III surveys
- F. Centralized Radiologic State Trauma Site

• This item was tabled to the next meeting.

Item: Centralized Radiologic State Trauma Site

Follow Up: Put on next agenda

When: Next meeting on January 18, 2007

Who: Donna Meyer

- G. 2007 Meeting Schedule
  - A motion was made by Stuart Alt and seconded by Michelle Ziemba to approve the 2007 Meeting Schedule. **Motion carried**.
  - Roy Ryals asked that the wording at the bottom of the meeting schedule "meetings to immediately follow" (2 lines) be deleted to show meetings starting at designated times as it is misleading the way it is currently listed.

#### VI. CALL TO THE PUBLIC

- We have not yet received any new applications for designation.
- Facilities are more likely to come on board for designation if there is funding available for all levels.
- It was recommended that members stress the importance of funding legislation with the Arizona Hospital and Healthcare Association in order to get some type of funding incentive for the facilities.

### VII. SUMMARY OF CURRENT EVENTS

VIII. ANNOUNCEMENT OF NEXT MEETING – January 18, 2007

### IX. ADJOURNMENT

Approved by: State Trauma Advisory Board

Date: January 18, 2007